

## Maricopa County Environmental Services Department Environmental Health Division

Remodel Plan Review Application

1001 N. Cental Ave. #300 Phoenix, AZ 85004 phone: (602)506-6980

Follow all instructions below to ensure a complete application packet and to avoid delays in the review process.

#### SUBMIT (Please refer to the construction guideline for assistance.)

- ✓ One (1) complete set of plans (minimum size 8.5" x 11" or larger)
- ✓ Plan Review Fee(s)
- ✓ Include one (1) plumbing site plan (including wells & septic systems if project is not in any city).

## **ENCLOSE THE FOLLOWING DOCUMENTS:**

- ✓ Proposed menu (Including seasonal, off-site and catering menus).
- ✓ Finish schedule of interior finishes.
- ✓ Plumbing schedule.
- ✓ Plumbing layout showing type and location of equipment with drains.
- ✓ Equipment schedule showing type, manufacturer, and model numbers.
- ✓ Floor plan layout. All equipment shall be clearly labeled on the plan with its common name.
- ✓ Manufacturer specification sheets (cut sheets) for each piece of equipment shown on the plan.
- ✓ Shop drawings of all custom-built equipment.
- ✓ Complete exhaust ventilation plans (HVAC), including restroom ventilation.
- ✓ Lighting plan.
- ✓ Definitions of all existing equipment and finishes.
- ✓ Site plan showing the location of restrooms, mop basin, alleys, streets, vacant lots, adjacent businesses, and outside equipment (dumpsters, well, septic system, etc.).

No person shall commence construction unless the required plans have been approved. It shall be the full responsibility of said person that construction be in conformance with the approved plans and specifications.

If construction has begun prior to plan submittal to this Department, the applicant will be required to expedite their plans and pay all associated fees.

The approval of plans and specifications shall lapse and become invalid one year from the date of approval unless a substantial portion of the work described in the plans and specifications has commenced by such anniversary date. An approval of plans and specifications can be renewed for one year if an application for renewal is submitted within 180 days of expiration. A fee equal to one-half (1/2) of the initial plan review fee is paid. The approval will be effective for one year from the date of expiration.

Should it be necessary or desirable to make any material change in the approved plans and specifications, revised plans and specifications shall be submitted to the Department for review, and approval shall be obtained before the work affected by the change is undertaken.

#### For questions, please contact:

Environmental Health Division Plan Review Office

1001 N. Central Ave Phoenix, AZ 85004

Phone: (602) 506-6980 Fax: (602) 506-6862

www.maricopa.gov/envsvc

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## ILLEGIBLE OR INCOMPLETE PLAN SUBMITTALS WILL BE REJECTED!

## PROVIDE ALL REQUESTED INFORMATION BELOW (Please Print)

Business Name:				
Business Address:				
City:		Zip Code:		
Business Phone:	Business Fax:			
Business Owner Name (e.g. LLC, Corp, or Sole Proprietor):				
Business Owner Address:				
City:	State:	Zip Code:		
<b>Business Owner Phone:</b>	Business Owner Fax:			
Business Owner Email:				
Billing Name:				
Billing Address:				
City:	State:	Zip Code:		
Billing Phone:	Billing Fax:			
Billing Email:				
START DATE OF THE PROJECT:				
PROJECTED COMPLETION DATE:				
Please provide contact information	on for the <u>plan revie</u>	w response	<u>letter:</u>	
Name:				
Address:				
City:	State:	Zip Code:		
Phone:	Fax:			
Email:	Preferred Method:	Email	Fax	U.S. Mail

# Please provide the following information

All Permit Types				
Hours of Operation:				
Type of Water Service (circle one):	Municipal	Well	Other	
Name of Water Service Provider /	PWS #:			
Type of Sewer Service (circle one):	Municipal	Septic System	Other	
Name of Sewer Service Provider /	Permit #:			
Provid	de a detailed descript	tion of the project		
	•	• /		

#### **Delivery of Inspection Reports**

**Email Address:** 

Signature

Pursuant to A.R.S. § 41-1009, the Department may enter your establishment to conduct inspections. You have the right to receive a copy of the Department's inspection report at the time of the inspection, within thirty (30) days after the inspection, or as otherwise provided by federal law. By signing below, I agree that the Department may send me a copy of its inspection report by e-mail to the following email address or by facsimile transmission to the following fax number. It is the responsibility of the permit holder to update the Department if there is a change in contact information.

Fax Number:	Signature:				
	1 7				
I hereby certify that the above information is correct and these documents comply with the Maricopa					
County Health Code, and I fully understand that any deviation from the above without prior permission from this Environmental Health Regulatory Office may nullify final approval.					
•					
Signature Pr	rinted Name	Date			

**NOTE:** Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). Multiple construction inspections and a final inspection of the establishment with equipment in place and operating will be necessary to determine if it complies with the Maricopa County Environmental Health Code governing establishments.

# Office Use Only

## Application Fees (Fees are subject to change.)

Quantity	Application Type	Fee	As-Built	Expedite	Total Fee
	Minor Review	\$245	\$245	\$245	
	Eating & Drinking 0-9 Seating	\$545	\$545	\$545	\$
	All Other Food Establishments	\$615	\$615	\$615	\$
	School Facility Food Service	\$480	\$480	\$480	\$
	Public School Grounds	\$640	\$640	\$640	\$
	Public Accommodation	\$680	\$680	\$680	\$
	Pet Shop / Pet Groomer	\$520	\$520	\$520	\$
	Plan Review Permit Extension	½ Original plan review fee			\$

Total Fees Due	\$	
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Business Name:			
<b>Business Address:</b>			
Submittal Date: Site Location:			
Plan Review Distric	et:		
Permit Number	Remodel Type		Related Permit